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20350 7590 04/22/2004

TOWNSEND AND TOWNSEND AND CREW, LLP
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Kimberly Rosa	(Depositor's name)
<i>Kimberly Rosa</i>	(Signature)
July 20, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,905	11/02/2001	Susan Schwendner	018781-007210US	9747

TITLE OF INVENTION: COMBINATION THERAPY USING PENTAFLUOROBENZENESULFONAMIDES AND ANTINEOPLASTIC AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KRASS, FREDERICK F	1614	514-601000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Townsend and Townsend
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3

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tularik Inc.

South San Francisco, California, USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Frank J. Mycroft, Reg. #46,946 July 20, 2004

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